U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440

F	or Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - // / / 2	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: 12 / 31 / 04
Name and address of person filing.	Name, file number, and address of labor organization.
Name Byron Paul Austin	Name Graphic Communications Intl Union Labor Organization File Number 025 76
P.O. Box, Bldg., Room No., if any	Local 235-M P.O. Box, Building and Room Number, if any
Street 10221 E. 40 Hwy	Street 10221 E. 40 Hwy
Independence,	City Independence
State MO ZIP Code + 4 6 4 0 5 5	State MO ZIP Code + 4 6 4 0 5 5

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
	the state of the s
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
City	e e e e e e e e e e e e e e e e e e e
State ZIP Code + 4	

Signature

15. Signature and verification, the undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Byen Huster

On 8-10-05

816-358-4248

.

Telephone Number

**			
Name of Person Filing Byron Paul Austin	·	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Montag & Caldwell	a. Labor Organizat	ion	
Trade Name, if any:	b.)Trust		
P.O. Box, Bldg., Room No., if any Street 3455 Peachtree Rd., NE Suite 1200 City Atlanta GA State ZIP Code + 4	c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ıg.	
Name Graphic Arts Industry Joint Pension Trust	Investment M	lanager	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 1900 L Street, NW, Suite 950 City Washington State DC ZIP Code+4 20036-5034	12.a. Nature of interest held	or income received. 8/04 during trustee	
•	12.b. Amount. \$198.	00	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		. ,.
Name			4
P.O. Box, Bldg., Room No., if any	:		•
Street			:
State ZIP Code + 4		The state of the s	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	A CONTRACTOR CONTRACTO	

ZIP Code + 4

or Consultant ?

	B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
	8. Name and address of Business (including trade name, if any). Name The Boston Company Asset	9. Business deals with:	
Management Trade Name, if any:		a. Labor Organization (b) Trust	
	P.O. Box, Bldg., Room No., if any Street One Boston Place	c. Employer	
	City Boston MA State ZIP Code + 4 0 2 1 0 8 - 4 4 0 8		
	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
	Name Graphic Arts Industry Joint Pension Trust Trade Name, if any:	Investment Manager	
	P.O. Box, Bldg., Room No., if any		
	Street 1900 L Street, NW, Suite 950	11.b. Approximate dollar value of such dealing. 353,529.07	
	City Washington	12.a. Nature of interest held or income received.	
	State ZIP Code + 4 DC 20036 - 5034	Dinner 9/26/04 during trustee meeting.	
-		12.b. Amount. \$154.57	
	C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
1	13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
	Name		
	Trade Name, if any:		
	P.O. Box, Bldg., Room No., if any	. :	
ļ	Street	1.	

14.b. Amount of payment.

13.b. Is the Business an Employer

City

State

2	File Housel O.		
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable of any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business dively seeking to represent, or ndirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Lazard Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street NOW York	9. Business deals with: a. Labor Organization b. Trust c. Employer		
City New York State NY ZIP Code + 4 10020			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Graphic Arts Industry Joint	Investment Manager		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 1900 L Street, NW, Suite 950	11.b. Approximate dollar value of such dealing. 233,638.03		
City Washington	12.a. Nature of interest held or income received.		
State DC ZIP Code + 4 20036-5034	Dinner on 9/27/04 during trustee meeting.		
	12.b. Amount. \$100.84		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
	14 o Notice of		

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
(moduling trade traine, it any).		•	1
Name		~ -	;
Trade Name, if any:	 		Vices
P.O. Box, Bldg., Room No., if any			
Street			t
City	1		į
A Secretaria de Companyo de America de Companyo de Companyo de Companyo de Companyo de Companyo de Companyo de Companyo de Companyo de Co		·	:
State ZIP Code + 4	سيران مسوري والمراجع المراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
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ZIP Code + 4

or Consultant

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of an e	B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Nam	e and address of Business (including trade name, if any).	9. Business deals with:	
Name	PIMCO Funds		
	Name, if any: ox, Bldg., Room No., if any	a. Labor Organization (b.)Trust	
Street	Suite 300	c. Employer	
State	Newport Beach CA ZIP Code+ 4 92660		
10. 119.	b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Graphic Arts Industry Joint	Investment Manager	
Trade I	Name, if any:		
P.O. Bo	ox, Bldg., Room No., if any		
Street	1900 L Street, NW, Suite 950		
City	Washington	11.b. Approximate dollar value of such dealing. 101, 332.27 12.a. Nature of interest held or income received.	
State	DC ZIP Code + 4 20036-5034	Dinner on 5/16/04 during trustee meeting.	
		Service and the service and th	
		12.b. Amount. \$45.35	
C. Rec	eived from any employer (other than an employer covered unde any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
	me and address of Employer or Labor Relations Consultant cluding trade name, if any).	14.a. Nature of payment.	
Name		•	
Trade N	Name, if any:	! •	
P.O. Bo	ox, Bldg., Room No., if any		

14.b. Amount of payment.

13.b. Is the Business an Employer

Street

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name West LB Asset Management	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	(b) Trust	
Street 5555 San Felipe, 20th Floor	c. Employer	
City Houston		
State TX ZIP Code + 4 77056-2723		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Graphic Arts Industry Joint Pension Trust	Investment Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1900 L Street, NW, Suite 950	11.b. Approximate dollar value of such dealing. 63,364.82	
City Washington DC	12.a. Nature of interest held or income received.	
State ZIP Code + 4 20036 - 5034	Dinner on 5/16/04 during trustee meeting.	
 - 	:	
	12.b. Amount. \$45.35	
C. Received from any emptoyer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	•	
P.O. Box, Bldg., Room No., if any		

14.b. Amount of payment.

State ZIP Code + 4

13.b. Is the Business an Employer or Consultant

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name	1	~ ~	•
Trade Name, if any:			-
P.O. Box, Bldg., Room No., if any			
Street			1
State ZIP Code + 4	i di		:
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	A company of the comp	

B 41.44		
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acted any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adjrectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Graphic Arts Industry Joint Pension Trust Trade Name. if any: P.O. Box. Bldg Room No if any Street 1900 L Street, NW, Suite 950 City Washington	a. Labor Organization b) Trust c. Employer	
State DC ZIP Code + 4 2 0 0 3 6 - 5 0 3 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Same as #8	Mr. Byron Austin is a trustee of the fund.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
Gleek	11.b. Approximate dollar value of such dealing. N/A	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Mr. Byron Austin received reimbursement for or payment by the Fund of air fare travel, lodging and meals, lawfully incurred in attending trustee meetings	
	12.b. Amount. \$3792.29	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		

14.b. Amount of payment.

Street

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	Employer .
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	During the reporting period of 1/1/04 through 12/31/04 I had meals with employer of the members of Local 235M. I do not recall who paid for the meals or what my share would have been if paid by employer.
	12.b. Amount, Unknown
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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